

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

OR

Name	Registration Number		Name	Registration Number

60539

OR

Bruce E. Black, Ph.D.
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Kirkland, Washington 98033

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

6-22-06

Telephone

General Counsel